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Sup Bromaghim

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
08/923,612	09/04/1997	SETHURAMAN SURFSH	SF/0014.01	2793	

TITLE OF INVENTION: SYSTEM AND METHODS FOR SYNCHRONIZING INFORMATION AMONG DISPARATE DATASETS

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below. P O BOX 366 HALF MOON BAY, CA 94019 Bromaghim (Depositor's name) moras m (Signature (Date) October 2003 CONFIRMATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. 2793 09/04/1997 SETHURAMAN SURESH SF/0014.01 08/923.612 TITLE OF INVENTION: SYSTEM AND METHODS FOR SYNCHRONIZING INFORMATION AMONG DISPARATE DATASETS PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY **ISSUE FEE** -8650-11/12/2003 nonprovisional YES \$650 665. EXAMINER ART UNIT CLASS-SUBCLASS 2177 707-206000 CHANNAVAJJALA, SRIRAMA T 1. Change of correspondence address or indication of "Fcc Address" (37 CFR 1.363). ERNEST J. BEFFEL, JR. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a HAYNES, BEFFEL & ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. single firm (having as a member a registered 2-WOLFELD LLP attorney or agent) and the names of up to 2 "Fee Address" indication (or "Fee Address" Indication form registered patent attorneys or agents. If no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE STARFISH SOFTWARE, INC. SCOTTS VALLEY, CA individual XXcorporation or other private group entity government Please check the appropriate assignee category or categories (will not be printed on the patent) 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. XXIssue Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fcc XXThe Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0554 (enclose an extra copy of this form). XX Advance Order - # of Copies Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Date) IU Uct 2003 (Authorized'Signature) Ernest 3% Beffel, Jr rent? NOTE; The Issue bee and Philication fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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